

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of California

Case number (If known):
 Chapter you are filing under:

☐ Chapter 7
 ☒ Chapter 11
 ☐ Chapter 12
 ☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Bhupinder First name Middle name Singh Last name Suffix (Sr., Jr, II, III)	Navneet First name Middle name Kaur Last name Suffix (Sr., Jr, II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	First name Middle name Last name First name Middle name Last name	First name Middle name Last name First name Middle name Last name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - <u>9</u> <u>8</u> <u>9</u> <u>9</u> OR 9xx - xx - ____ ____ ____ ____	xxx - xx - <u>2</u> <u>4</u> <u>0</u> <u>5</u> OR 9xx - xx - ____ ____ ____ ____

Debtor 1
Debtor 2**Bhupinder
Navneet****Singh
Kaur**

First Name

Middle Name

Last Name

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**Include trade names and *doing business as* names☐ I have not used any business names or EINs.**N Transport LLC**

Business name

JNB Truck & Trailer Repair Service

Business name

3 6 - 4 8 1 2 8 - 4 7
EIN2 6 - 3 0 1 - 3 - 3 9 5
EIN

See continuation page.

About Debtor 2 (Spouse Only in a Joint Case):☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live**5348 West Brown Ave**

Number Street

Fresno, CA 93722

City State ZIP Code

Fresno

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

- 7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

- 8. How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

- 9. Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes. District _____ When _____ Case number _____
 MM / DD / YYYY
- District _____ When _____ Case number _____
 MM / DD / YYYY
- District _____ When _____ Case number _____
 MM / DD / YYYY

- 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
- ☐ Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY
- Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

- 11. Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2**Bhupinder
Navneet****Singh
Kaur**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☐ No. Go to Part 4.☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

JNB Truck & Trailer Repair Service

Name of business, if any

620 N Marks Ave

Number Street

Fresno

City

CA

State

93726

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☒ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☒ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number Street

City

State

ZIP Code

Debtor 1	Bhupinder	Singh
Debtor 2	Navneet	Kaur
	First Name	Middle Name
		Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2**Bhupinder
Navneet****Singh
Kaur**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☒ No. I am not filing under Chapter 7. Go to line 18.☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☐ No
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**18. How many creditors do you estimate that you owe?**

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☐ 50-99 ☐ 5,001-10,000
☒ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Bhupinder Singh

Bhupinder Singh, Debtor 1

Executed on 01/15/2021
MM/ DD/ YYYY**X** /s/ Navneet Kaur

Navneet Kaur, Debtor 2

Executed on 01/15/2021
MM/ DD/ YYYY

Debtor 1
Debtor 2**Bhupinder
Navneet****Singh
Kaur**

First Name

Middle Name

Last Name

Case number (if known) _____

**For your attorney, if you are
represented by one****If you are not represented by an
attorney, you do not need to file this
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X**/s/ Peter Fear**

Signature of Attorney for Debtor

Date **01/15/2021**

MM / DD / YYYY

Peter Fear

Printed name

Fear Waddell, P.C.

Firm name

7650 N. Palm Avenue Suite 101

Number Street

Fresno

City

CA

State

93711

ZIP Code

Contact phone **(559) 436-6575**Email address **pfear@fearlaw.com**

Bar number

State

Debtor 1 **Bhupinder**
 Debtor 2 **Navneet**
 First Name Middle Name Last Name

Singh
Kaur
 Last Name

Case number (if known) _____

Additional Items: Continuation Page

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years (cont)

Include trade names and *doing business as* names

JNB Properties LLC

Business name

Rathaur & Sons Trucking

Business name

3 5 - 2 6 1 - 2 5 6 1
 EIN

2 6 - 3 0 1 - 3 - 3 9 5
 EIN

12. Are you a sole proprietor of any full- or part-time business? (cont.)

Rathaur & Sons Trucking

Name of business, if any

5348 West Brown Avenue

Number Street

Fresno

City

CA

State

93722

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☒ None of the above

Fill in this information to identify your case:

Debtor 1	<u>Bhupinder</u>	<u>Singh</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Navneet</u>	<u>Kaur</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of California</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are a individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

1	What is the nature of the claim? <u>None</u>	<u>\$1,502,681.87</u>
<div>Newtek Small Business Finance LLC</div> <div>Creditor's Name</div> <div>1981 Marcus Avenue, Suite 130</div> <div>Number Street</div> <div>New Hyde Park, NY 11042</div> <div>City State Zip Code</div> <div>Contact</div> <div>Contact phone</div>		
<div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div><input checked="" type="checkbox"/> None of the above apply</div> <div>Does the creditor have a lien on your property? Secured</div> <div><input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes.</div> <div>Total claim (secured and unsecured): <u>\$1,640,000.00</u></div> <div>Value of security: <u>-\$137,318.13</u></div> <div>Unsecured Claim: <u>\$1,502,681.87</u></div>		

Debtor 1 Debtor 2	Bhupinder Navneet	Singh Kaur	Case number (if known) _____
	First Name Middle Name	Last Name	

2	Luis Bravo	What is the nature of the claim? _____ None	Unsecured claim \$768,500.00
	Creditor's Name		
	California Shine Construction		
	3251 North Marks Avenue		
	Number Street		
	Fresno, CA 93722		
	City State Zip Code		
	Contact		
	Contact phone		

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

☐ None of the above apply

Does the creditor have a lien on your property? Unsecured

☒ No

☐ Yes.

Total claim (secured and unsecured): _____

Value of security: - _____

Unsecured Claim: _____

3	Newtek Small Business Finance LLC	What is the nature of the claim? _____ None	\$705,000.00
	Creditor's Name		
	1981 Marcus Avenue, Suite 130		
	Number Street		
	New Hyde Park, NY 11042		
	City State Zip Code		
	Contact		
	Contact phone		

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

Does the creditor have a lien on your property? Secured

☐ No

☒ Yes.

Total claim (secured and unsecured): _____ \$705,000.00

Value of security: - _____ \$0.00

Unsecured Claim: _____ \$705,000.00

4	Gurmit Singh Gill	What is the nature of the claim? _____ None	\$44,019.21
	Creditor's Name		
	1195 N Whittier Ave		
	Number Street		
	Clovis, CA 93611-6644		
	City State Zip Code		
	Contact		
	Contact phone		

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

☐ None of the above apply

Does the creditor have a lien on your property? Secured

☐ No

☒ Yes.

Total claim (secured and unsecured): _____ \$44,019.21

Value of security: - _____ \$0.00

Unsecured Claim: _____ \$44,019.21

Debtor 1 Debtor 2	Bhupinder Navneet _____ First Name Middle Name	Singh Kaur _____ Last Name	Case number (if known) _____
----------------------	--	---	------------------------------

5	New Chance Capital, LLC _____ Creditor's Name 132 32nd Street _____ Number Street Brooklyn, NY 11232 _____ City State Zip Code _____ Contact _____ Contact phone	What is the nature of the claim? _____ None As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Secured <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$35,114.22 Value of security: - \$2,626.28 Unsecured Claim: \$32,487.94	Unsecured claim \$32,487.94
---	---	---	---

6	Flat Rate Funding Group LLC _____ Creditor's Name Attn: Brian Bennett _____ 28745 Wick Road, Suite 100 _____ Number Street Romulus, MI 48174 _____ City State Zip Code _____ Contact _____ Contact phone	Flat Rate Funding Group LLC v. N Transport & Bhupinder Singh. Case Number - 19CECG02639. Attorney for Flat Rate is Martensen Wright. What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Unsecured <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: - _____ Unsecured Claim: _____	\$28,724.38
---	---	--	-------------

7	Indra Gurung _____ Creditor's Name 411 Amherst Dr, Apartment B _____ Number Street Harrisburg, PA 17109 _____ City State Zip Code _____ Contact _____ Contact phone	What is the nature of the claim? _____ None As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Priority <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$19,601.83 Value of security: - \$0.00 Unsecured Claim: \$19,601.83	\$19,601.83
---	--	--	-------------

Debtor 1 Debtor 2	Bhupinder Navneet	Singh Kaur	Case number (if known) _____
	First Name Middle Name	Last Name	

<div style="background-color: black; color: white; text-align: center; padding: 2px; font-weight: bold;">8</div> American Express Creditor's Name <hr/> PO Box 981537 Number Street <hr/> El Paso, TX 79998 City State Zip Code <hr/> Contact <hr/> Contact phone <hr/>	<p>What is the nature of the claim? _____ Credit Card Unsecured claim \$19,073.00</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? Unsecured</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Total claim (secured and unsecured): _____</p> <p>Value of security: - _____</p> <p>Unsecured Claim: _____</p>
--	--

<div style="background-color: black; color: white; text-align: center; padding: 2px; font-weight: bold;">9</div> Jose de Jesus Pedroza Creditor's Name <hr/> 2920 N Pleasant Ave Number Street <hr/> Fresno, CA 93705-3614 City State Zip Code <hr/> Contact <hr/> Contact phone <hr/>	<p>What is the nature of the claim? _____ None Unsecured claim \$17,398.38</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? Priority</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes.</p> <p>Total claim (secured and unsecured): _____ \$17,398.38</p> <p>Value of security: - _____ \$0.00</p> <p>Unsecured Claim: _____ \$17,398.38</p>
---	--

<div style="background-color: black; color: white; text-align: center; padding: 2px; font-weight: bold;">10</div> Chase Card Services - JPMCB Creditor's Name <hr/> PO Box 15369 Number Street <hr/> Wilmington, DE 19850 City State Zip Code <hr/> Contact <hr/> Contact phone <hr/>	<p>What is the nature of the claim? _____ Credit Card Unsecured claim \$16,561.00</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? Unsecured</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Total claim (secured and unsecured): _____</p> <p>Value of security: - _____</p> <p>Unsecured Claim: _____</p>
--	--

<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">13</div> IPFs Corporation <hr/> Creditor's Name PO Box 100391 <hr/> Number Street Pasadena, CA 91189-0391 <hr/> City State Zip Code	<div style="display: flex; justify-content: space-between;"> <div> What is the nature of the claim? is Robert Pollak </div> <div style="text-align: right;"> <u>Case Number - 18CECL2079. Attorney</u> <u>\$13,583.46</u> </div> </div> As of the date you file, the claim is: Check all that apply. <div style="margin-left: 20px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply </div> Does the creditor have a lien on your property? Unsecured <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.
--	---

Contact _____

 Contact phone _____

Total claim (secured and unsecured): _____
 Value of security: _____
 Unsecured Claim: _____

Debtor 1 Debtor 2	Bhupinder Navneet	Singh Kaur	Case number (if known) _____
	First Name Middle Name	Last Name	

14	Preston Dowdy II Creditor's Name 1142 Bethany Road Number Street Williamson, GA 30292-9668 City State Zip Code Contact Contact phone	What is the nature of the claim? _____ None As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Priority <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$12,182.26 Value of security: - \$0.00 Unsecured Claim: \$12,182.26
		Unsecured claim \$12,182.26

15	Nanda Gomjen Creditor's Name Dept of Industrial Relations Labor Commissioner's Office 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State Zip Code Contact Contact phone	What is the nature of the claim? _____ None As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Secured <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$11,544.10 Value of security: - \$0.00 Unsecured Claim: \$11,544.10
		\$11,544.10

16	IPFs Corporation Creditor's Name PO Box 100391 Number Street Pasadena, CA 91189-0391 City State Zip Code Contact Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? Unsecured <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: - _____ Unsecured Claim: _____
		\$8,692.14

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**
 First Name Middle Name Last Name Case number (if known) _____

			Unsecured claim
17	What is the nature of the claim? _____ None	\$8,311.38	
	Internal Revenue Service Creditor's Name PO Box 7346 Number Street Philadelphia, PA 19101-7346 City State Zip Code Contact Contact phone		
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
	Does the creditor have a lien on your property? Priority <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.		
	Total claim (secured and unsecured): \$8,311.38 Value of security: -\$0.00 Unsecured Claim: \$8,311.38		
18	What is the nature of the claim? _____ Credit Card - charged off	\$7,239.00	
	Discover Financial Services LLC Creditor's Name PO Box 15316 Number Street Wilmington, DE 19850-5316 City State Zip Code Contact Contact phone		
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
	Does the creditor have a lien on your property? Unsecured <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.		
	Total claim (secured and unsecured): _____ Value of security: _____ Unsecured Claim: _____		
19	What is the nature of the claim? _____ Collection for Capital One	\$6,848.00	
	Midland Credit Management Inc Creditor's Name 320 East Big Beaver, Suite 300 Number Street Troy, MI 48083 City State Zip Code Contact Contact phone		
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
	Does the creditor have a lien on your property? Unsecured <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.		
	Total claim (secured and unsecured): _____ Value of security: _____ Unsecured Claim: _____		

Debtor 1
Debtor 2**Bhupinder
Navneet**

First Name Middle Name

**Singh
Kaur**

Last Name

Case number (if known) _____

20

Barclays Bank Delaware

Creditor's Name

PO Box 8803

Number Street

Wilmington, DE 19899

City State Zip Code

Contact

Contact phone

What is the nature of the claim?

Credit Card - charged off. Case
dismissed (19CECL06165)

Unsecured claim

\$6,773.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☒ None of the above apply

Does the creditor have a lien on your property? Unsecured

☒ No☐ Yes.

Total claim (secured and unsecured):

Value of security:

Unsecured Claim:

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X

/s/ Bhupinder Singh

Signature of Debtor 1

X

/s/ Navneet Kaur

Signature of Debtor 2

Date 01/15/2021

MM/ DD/ YYYY

Date 01/15/2021

MM/ DD/ YYYY

Certificate Number: 17572-CAE-CC-035271242



17572-CAE-CC-035271242

CERTIFICATE OF COUNSELING

I CERTIFY that on January 15, 2021, at 9:32 o'clock AM PST, Bhupinder Singh received from Dollar Learning Foundation, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 15, 2021 By: /s/Linda Duarte

Name: Linda Duarte

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Certificate Number: 17572-CAE-CC-035271140



17572-CAE-CC-035271140

CERTIFICATE OF COUNSELING

I CERTIFY that on January 15, 2021, at 9:10 o'clock AM PST, Navneet Kaur received from Dollar Learning Foundation, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: January 15, 2021 By: /s/Shelene Manzi

Name: Shelene Manzi

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1	Bhupinder		Singh
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Navneet		Kaur
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of California		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$300,000.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$15,099.67
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$315,099.67

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$2,619,769.38
---	----------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$97,397.19
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$930,751.36

Your total liabilities

\$3,647,917.93

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$6,000.00
---	------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$3,271.00
---	------------

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*. Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	<input type="text"/>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<input type="text"/>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<input type="text"/>
9d. Student loans. (Copy line 6f.)	<input type="text"/>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<input type="text"/>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <input type="text"/>
9g. Total. Add lines 9a through 9f.	<input type="text"/>

Fill in this information to identify your case and this filing:

Debtor 1	<u>Bhupinder</u>	<u>Singh</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Navneet</u>	<u>Kaur</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of California</u>	
Case number	<u></u>	

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1 4 Bedrooms, 3.5 bathrooms, 2,257 sqft.

Street address, if available, or other description

5348 West Brown Ave

Fresno, CA 93722

City State ZIP Code

Fresno

County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:
 APN: 312-872-19

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$300,000.00

Current value of the portion you own?

\$300,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

→

\$300,000.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**

First Name Middle Name Last Name

Case number (if known) _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☒ No
☐ Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ **\$0.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe.....

See Attached.

\$5,720.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☒ Yes. Describe.....

TV, desktop, tablet, 3 cell phones.

\$1,700.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No
☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No
☐ Yes. Describe.....

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	Case number (if known) _____
	First Name	Middle Name	Last Name

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Work and everyday clothing for Debtors and children.

\$2,000.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Costume jewelry and assorted items.

\$20.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

Dog & Fish

unknown

14. **Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Describe.....

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....** →

\$9,440.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash.....

\$5.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	Last Name

Case number (if known) _____

17.1. Checking account:	Business Checking with Bank of American, account number ending in 7443. Account is in the name of Debtor's father, but account is solely used by Debtor's.	<u>\$2,626.28</u>
17.2. Checking account:	Checking with Bank of American, account number ending in 9052. Account is in the name of Debtor's father, but account is jointly used by Debtor's and father.	<u>\$528.39</u>
17.3. Savings account:	_____	_____
17.4. Savings account:	_____	_____
17.5. Certificates of deposit:	_____	_____
17.6. Other financial account:	_____	_____
17.7. Other financial account:	_____	_____
17.8. Other financial account:	_____	_____
17.9. Other financial account:	_____	_____

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:	%	% of ownership:
<u>Rathaur & Sons Trucking. Sole proprietorship.</u>	<u>100</u>	<u>\$0.00</u>
<u>N Transport LLC Only assets are 9 trucks and 4-5 trailers, all of which are worth far less than the debt.</u>	<u>100</u>	<u>\$0.00</u>

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	Last Name

Case number (if known) _____

JNB Properties LLC Only asset is real property located at 294 North Fruit Avenue, Fresno, CA. 7.9 Acres. APN's include: 458-040-25S; 458-040-27S; 458-040-29S; 458-040-33S; 458-040-35S; 458-040-36S; 458-040-37S; and 458-040-38S. Amount owed is more than the value of this property.	100	%	\$0.00
---	------------	---	---------------

JNB Truck & Trailer Repair Services, sole proprietorship	100	%	\$0.00
---	------------	---	---------------

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No
☐ Yes. Give specific information about them.....

Issuer name:

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No
☐ Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: _____

Pension plan: _____

IRA: _____

Retirement account: _____

Keogh: _____

Additional account: _____

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No
☐ Yes.....

Institution name or individual:

Electric: _____

Gas: _____

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	Last Name

Case number (if known) _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No
☐ Yes.....

Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No
☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No
☐ Yes. Give specific information about them....

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes. Give specific information about them....

Debtor 1	Bhupinder	Singh	Case number (if known) _____
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

2019-2020 | Potential 2019 and 2020 State and Federal Tax Refunds. Debtor is unsure if there will be any tax refunds, but is disclosing the potential refunds out of an abundance of caution.

Federal: \$2,500.00

State: _____

Local: _____

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

Term Life Insurance.

Navneet Kaur

unknown

Term Life Insurance

Bhupinder Singh

unknown

Debtor 1	Bhupinder	Singh		
Debtor 2	Navneet	Kaur		
	First Name	Middle Name	Last Name	Case number (if known)

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

35. **Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information.....

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →**

\$5,659.67

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe.....

39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.....

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	Last Name

Case number (if known) _____

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☒ No

☐ Yes. Describe.....

41. **Inventory**

☒ No

☐ Yes. Describe.....

42. **Interests in partnerships or joint ventures**

☒ No

☐ Yes. Describe.....

Name of entity:

% of ownership:

_____%

43. **Customer lists, mailing lists, or other compilations**

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

44. **Any business-related property you did not already list**

☒ No

☐ Yes. Give specific information.....

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....→**

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes.....

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	Last Name

Case number (if known) _____

48. Crops—either growing or harvested

☒ No
☐ Yes. Give specific information..... _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No
☐ Yes..... _____

50. Farm and fishing supplies, chemicals, and feed

☒ No
☐ Yes..... _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No
☐ Yes. Give specific information..... _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....→ \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No
☐ Yes. Give specific information..... _____

54. Add the dollar value of all of your entries from Part 7. Write that number here.....→ \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....→	\$300,000.00
56. Part 2: Total vehicles, line 5	<u>\$0.00</u>
57. Part 3: Total personal and household items, line 15	<u>\$9,440.00</u>
58. Part 4: Total financial assets, line 36	<u>\$5,659.67</u>
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>

Debtor 1	Bhupinder	Singh		
Debtor 2	Navneet	Kaur		Case number (if known) _____
	First Name	Middle Name	Last Name	

60.	Part 6: Total farm- and fishing-related property, line 52	<u> \$0.00 </u>	
61.	Part 7: Total other property not listed, line 54	+ <u> \$0.00 </u>	
62.	Total personal property. Add lines 56 through 61.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><u> \$15,099.67 </u></div>	Copy personal property total → + <div style="border: 1px solid black; padding: 2px; display: inline-block;"><u> \$15,099.67 </u></div>
63.	Total of all property on Schedule A/B. Add line 55 + line 62.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"><u> \$315,099.67 </u></div>

Debtor 1

Debtor 2

Bhupinder

Navneet

Singh

Kaur

Case number (if known)

First Name

Middle Name

Last Name

SCHEDULE A/B: PROPERTY

Continuation Page

6. Household goods and furnishings	
Sofa, recliner, 4 lamps, 4 rugs, stove, 2 refrigerators, dishwasher, microwave oven, small appliances, pots, pans, dishes, glassware, flatware, china, table & chairs, 5 beds, 2 dressers, 2 chests, 2 nightstands, 2 clocks, washer, dryer, vacuum cleaner, garden tools, and electric tools.	\$5,070.00
Bed & Sofa	\$650.00

Fill in this information to identify your case:

Debtor 1	<u>Bhupinder</u>	<u>Singh</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Navneet</u>	<u>Kaur</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of California</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*
 - ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: Sofa, recliner, 4 lamps, 4 rugs, stove, 2 refrigerators, dishwasher, microwave oven, small appliances, pots, pans, dishes, glassware, flatware, china, table & chairs, 5 beds, 2 dressers, 2 chests, 2 nightstands, 2 clocks, washer, dryer, vacuum cleaner, garden tools, and electric tools.	<u>\$5,070.00</u>	<input checked="" type="checkbox"/> <u>\$5,070.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>C.C.P. § 703.140(b)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: Bed & Sofa	<u>\$650.00</u>	<input checked="" type="checkbox"/> <u>\$650.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>C.C.P. § 703.140(b)(3)</u>
Line from Schedule A/B: <u>6</u>			

Debtor 1	Bhupinder	Singh	Case number (if known) _____
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	

Part 2: Additional Page3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: TV, desktop, tablet, 3 cell phones. Line from Schedule A/B: <u>7</u>	\$1,700.00	<input checked="" type="checkbox"/> \$1,700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(3)
Brief description: Work and everyday clothing for Debtors and children. Line from Schedule A/B: <u>11</u>	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(3)
Brief description: Costume jewelry and assorted items. Line from Schedule A/B: <u>12</u>	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(4)
Brief description: Cash Line from Schedule A/B: <u>16</u>	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)
Brief description: Business Checking with Bank of American, account number ending in 7443. Account is in the name of Debtor's father, but account is solely used by Debtor's. Checking account Line from Schedule A/B: <u>17</u>	\$2,626.28	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)
Brief description: Checking with Bank of American, account number ending in 9052. Account is in the name of Debtor's father, but account is jointly used by Debtor's and father. Checking account Line from Schedule A/B: <u>17</u>	\$528.39	<input checked="" type="checkbox"/> \$528.39 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)

Debtor 1	Bhupinder	Singh	Case number (if known) _____
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<p>Brief description:</p> <p>Potential 2019 and 2020 State and Federal Tax Refunds. Debtor is unsure if there will be any tax refunds, but is disclosing the potential refunds out of an abundance of caution.</p> <p>Federal tax</p>	<p>\$2,500.00</p>	<p><input checked="" type="checkbox"/> \$2,500.00</p> <p><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit</p>	<p>C.C.P. § 703.140(b)(5)</p>
<p>Line from Schedule A/B: <u>28</u></p>			

Fill in this information to identify your case:

Debtor 1	Bhupinder		Singh
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Navneet		Kaur
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of California		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<p>2.1 <u>Commercial Trade, Inc</u> Creditor's Name</p> <p><u>5330 Office Center Ct, Suite C</u> Number Street</p> <p><u>Bakersfield, CA 93309</u> City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>Describe the property that secures the claim:</p> <p>4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)</p> <p>Abstract of Judgment. Case No: 19CECL08969. Attorney is Sandra McCormack</p> <p>Last 4 digits of account number _____</p>	\$3,509.22	\$300,000.00
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>		\$3,509.22	

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

2.2

Corporation Service Company

Creditor's Name

801 Adlai Stevenson Drive

Number Street

Springfield, IL 62703-4261

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)

UCC Financing

Last 4 digits of account number ____

unknown

\$0.00

\$0.00

Remarks: Secured on 2002 Utility Refrigerated Van (VIN 1UYVS25352U809604) and 2016 Thermoking (VIN S600 S/N 6001206577).

2.3

Corporation Service Company

Creditor's Name

801 Adlai Stevenson Drive

Number Street

Springfield, IL 62703-4261

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)

UCC Financing

Last 4 digits of account number ____

unknown

\$0.00

\$0.00

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.4 CT Lien Solutions
 Creditor's Name
2727 Allen Parkway
 Number Street
Houston, TX 77019
 City State ZIP Code

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☒ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)
UCC Financing

Last 4 digits of account number _____

unknown	\$0.00	\$0.00
---------	--------	--------

2.5 First Corporate Solutions, Inc
 Creditor's Name
914 S Street
 Number Street
Sacramento, CA 95814
 City State ZIP Code

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)
UCC Financing

Last 4 digits of account number _____

unknown	\$0.00	\$0.00
---------	--------	--------

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.6	Freedom Mortgage Creditor's Name <u>90PO Box 50485</u> Number Street <u>Indianapolis, IN 46250</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number <u>6</u> <u>1</u> <u>5</u> <u>8</u>	\$162,681.87	\$300,000.00	\$0.00
-----	--	--	--------------	--------------	--------

2.7	Fresno County Tax Collector Creditor's Name <u>Oscar J. Garcia, CPA</u> <u>2281 Tulare Street, Hall of Records, Room 105</u> Number Street <u>Fresno, CA 93715-1192</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 294 North Fruit Avenue Fresno, CA 93706 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number _ _ _ _	\$6,633.91	\$0.00	\$6,633.91
-----	--	--	------------	--------	------------

Remarks: APN: 458-040-29S for June 2020.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$169,315.78

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral

that supports this claim

Column C

Unsecured

portion If any

2.8

Fresno County Tax Collector

Creditor's Name

Oscar J. Garcia, CPA

2281 Tulare Street, Hall of Records, Room 105

Number Street

Fresno, CA 93715-1192

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

294 North Fruit Avenue Fresno, CA 93706

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Last 4 digits of account number _____

\$1,278.59

\$0.00

\$1,278.59

Remarks: APN: 458-040-27S for June 2020.

2.9

Fresno County Tax Collector

Creditor's Name

Oscar J. Garcia, CPA

2281 Tulare Street, Hall of Records, Room 105

Number Street

Fresno, CA 93715-1192

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☒ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

294 North Fruit Avenue Fresno, CA 93706

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Last 4 digits of account number _____

\$2,533.66

\$0.00

\$2,533.66

Add the dollar value of your entries in Column A on this page. Write that number here:

\$3,812.25

Debtor 1	Bhupinder	Singh
Debtor 2	Navneet	Kaur
	First Name	Last Name

Case number (if known) _____

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
<p>After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.</p>					
<p>Remarks: APN: 458-040-25S for June 2020.</p>					
2.10	<p>Fresno County Tax Collector</p> <p>Creditor's Name</p> <p>Oscar J. Garcia, CPA</p> <p>2281 Tulare Street, Hall of Records, Room 105</p> <p>Number Street</p> <p>Fresno, CA 93715-1192</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>Describe the property that secures the claim:</p> <p>294 North Fruit Avenue Fresno, CA 93706</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number ____ _</p>	\$1,279.44	\$0.00	\$1,279.44
<p>Remarks: APN: 458-040-38S for June 2020.</p>					
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>		\$1,279.44			

Debtor 1 **Bhupinder**
 Debtor 2 **Navneet**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.11	<p>Fresno County Tax Collector</p> <p>Creditor's Name Oscar J. Garcia, CPA</p> <p>2281 Tulare Street, Hall of Records, Room 105</p> <p>Number Street Fresno, CA 93715-1192</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> <p>Describe the property that secures the claim: 294 North Fruit Avenue Fresno, CA 93706</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number _____</p> <p>Remarks: APN: 458-040-37S for June 2020.</p>	\$2,031.76	\$0.00	\$2,031.76
2.12	<p>Fresno County Tax Collector</p> <p>Creditor's Name Oscar J. Garcia, CPA</p> <p>2281 Tulare Street, Hall of Records, Room 105</p> <p>Number Street Fresno, CA 93715-1192</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> <p>Describe the property that secures the claim: 294 North Fruit Avenue Fresno, CA 93706</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number _____</p>	\$1,278.59	\$0.00	\$1,278.59
Add the dollar value of your entries in Column A on this page. Write that number here:		\$3,310.35		

Debtor 1	Bhupinder	Singh
Debtor 2	Navneet	Kaur
	First Name	Last Name

Case number (if known) _____

Part 1:		Column A	Column B	Column C
Additional Page		Amount of claim	Value of collateral	Unsecured
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.	that supports this claim	portion If any
<div>Remarks: APN: 458-040-36S for June 2020.</div>				
2.13	<p>Fresno County Tax Collector</p> <p>Creditor's Name</p> <p>Oscar J. Garcia, CPA</p> <p>2281 Tulare Street, Hall of Records, Room 105</p> <p>Number Street</p> <p>Fresno, CA 93715-1192</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>Describe the property that secures the claim:</p> <p>294 North Fruit Avenue Fresno, CA 93706</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number _____</p>	\$1,288.77	\$0.00
<div>Remarks: APN: 458-040-35S for June 2020.</div>				
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>			\$1,288.77	

Debtor 1 **Bhupinder**
Debtor 2 **Navneet**
First Name Middle Name Last Name

Singh
Kaur
Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.14	<p>Fresno County Tax Collector</p> <p>Creditor's Name</p> <p>Oscar J. Garcia, CPA</p> <p>2281 Tulare Street, Hall of Records, Room 105</p> <p>Number Street</p> <p>Fresno, CA 93715-1192</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>Describe the property that secures the claim:</p> <p>294 North Fruit Avenue Fresno, CA 93706</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number _____</p>	\$1,279.44	\$0.00	\$1,279.44
------	--	--	------------	--------	------------

Remarks: APN: 458-040-33S for June 2020.

2.15	<p>Fresno County Tax Collector</p> <p>Creditor's Name</p> <p>Oscar J. Garcia, CPA</p> <p>2281 Tulare Street, Hall of Records, Room 105</p> <p>Number Street</p> <p>Fresno, CA 93715-1192</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>Describe the property that secures the claim:</p> <p>294 North Fruit Avenue Fresno, CA 93706</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number _____</p>	\$296.60	\$0.00	\$296.60
------	--	--	----------	--------	----------

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,576.04

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	<p>After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.</p> <p>Remarks: Property Tax</p>			
2.16	<p>Gurmit Singh Gill</p> <p>Creditor's Name 1195 N Whittier Ave Number Street Clovis, CA 93611-6644 City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>Describe the property that secures the claim:</p> <p>4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number ____ _</p>	\$44,019.21	\$300,000.00
	<p>Remarks: Labor State Case No: WC-CM-641101. Case No: 19CECG04497.</p>			\$0.00
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>		\$44,019.21		

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.17 Lien Solutions

Creditor's Name
 PO Box 29071
 Number Street
 Glendale, CA 91209-9071
 City State ZIP Code

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)
UCC Financing

Last 4 digits of account number _____

unknown	\$0.00	\$0.00
---------	--------	--------

Remarks: Secured on all present assets.

2.18 Lien Solutions

Creditor's Name
 PO Box 29071
 Number Street
 Glendale, CA 91209-9071
 City State ZIP Code

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)
UCC Financing

Last 4 digits of account number _____

unknown	\$0.00	\$0.00
---------	--------	--------

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1: Additional Page
 After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

Remarks: Secured on all assets.

2.19	Nanda Gomjen Creditor's Name Dept of Industrial Relations Labor Commissioner's Office 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number _____	\$11,544.10	\$300,000.00	\$0.00
------	---	--	-------------	--------------	--------

Remarks: Judgment. Case No: 20CECL06062

Add the dollar value of your entries in Column A on this page. Write that number here:

\$11,544.10

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.20	New Chance Capital, LLC Creditor's Name 132 32nd Street Number Street Brooklyn, NY 11232 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722 294 North Fruit Avenue Fresno, CA 93706 Business Checking with Bank of American, account number ending in 7443. Account is in the name of Debtor's father, but account is solely used by Debtor's. N Transport LLC Only assets are 9 trucks and 4-5 trailers, all of which are worth far less than the debt. As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number ____ _	\$35,114.22	\$302,626.28	\$0.00
Remarks: Case No: 124797-2019					
Add the dollar value of your entries in Column A on this page. Write that number here:					\$35,114.22

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.21	Newtek Small Business Finance LLC Creditor's Name <u>1981 Marcus Avenue, Suite 130</u> Number Street <u>New Hyde Park, NY 11042</u> City State ZIP Code	Describe the property that secures the claim: JNB Properties LLC Only asset is real property located at 294 North Fruit Avenue, Fresno, CA. 7.9 Acres. APN's include: 458-040-25S; 458-040-27S; 458-040-29S; 458-040-33S; 458-040-35S; 458-040-36S; 458-040-37S; and 458-040-38S. Amount owed is more than the value of this property. N Transport LLC Only assets are 9 trucks and 4-5 trailers, all of which are worth far less than the debt. 4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722	<u>\$1,640,000.00</u>	<u>\$300,000.00</u>	<u>\$1,340,000.00</u>
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date debt was incurred <u>11/17/2017</u>		Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)			
		UCC Financing Last 4 digits of account number <u>0 - 0 5</u>			
<div style="border: 1px dashed black; padding: 5px;"> Remarks: Case Number: 20CECG03645. Secured on all property. </div>					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,640,000.00

Debtor 1 **Bhupinder**
 Debtor 2 **Navneet**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.22	<p>Newtek Small Business Finance LLC</p> <p>Creditor's Name 1981 Marcus Avenue, Suite 130 Number Street New Hyde Park, NY 11042 City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 11/17/2017</p>	<p>Describe the property that secures the claim:</p> <p>294 North Fruit Avenue Fresno, CA 93706 JNB Properties LLC Only asset is real property located at 294 North Fruit Avenue, Fresno, CA. 7.9 Acres. APN's include: 458-040-25S; 458-040-27S; 458-040-29S; 458-040-33S; 458-040-35S; 458-040-36S; 458-040-37S; and 458-040-38S. Amount owed is more than the value of this property. N Transport LLC Only assets are 9 trucks and 4-5 trailers, all of which are worth far less than the debt. 4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)</p> <p>UCC Financing</p> <p>Last 4 digits of account number 0 - 0 0</p>	\$705,000.00	\$300,000.00	\$405,000.00
<p>Remarks: Case Number: 20CECG03645. Secured on all property.</p>					
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>		<p>\$705,000.00</p>			

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.23	Sunstreet Energy Group LLC Creditor's Name 6531 Irvine Center Dr, Suite 200 Number Street Irvine, CA 92618-2144 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 03/20/2015	Describe the property that secures the claim: 4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Solar Lease. Recording No: 2015-0033114 Last 4 digits of account number ____	unknown	\$300,000.00	\$0.00
------	---	--	---------	--------------	--------

2.24	Sunstreet Energy Group LLC Creditor's Name 6531 Irvine Center Dr, Suite 200 Number Street Irvine, CA 92618-2144 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 03/20/2015	Describe the property that secures the claim: 4 Bedrooms, 3.5 bathrooms, 2,257 sqft. 5348 West Brown Ave Fresno, CA 93722 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Solar Lease. Recording No: 2015-0033114 Last 4 digits of account number ____	unknown	\$300,000.00	\$0.00
------	---	--	---------	--------------	--------

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1	1 West Capital LLC Name 1250 East Hallandale Beach Blvd, Suite 903 Number Street Hallandale, FL 33009 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>5</u> Last 4 digits of account number _____
2	Aldridge Pite, LLP Name 4375 Jutland Drive, Suite 200 Number Street Windy Locke San Diego, CA 92177-0935 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>21</u> Last 4 digits of account number _____
3	Aldridge Pite, LLP Name PO Box 17935 Number Street San Diego, CA 92177-0935 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>21</u> Last 4 digits of account number _____
4	BMO Harris Bank N.A. Name 300 E John Carpenter Fwy Number Street Irving, TX 75062 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2</u> Last 4 digits of account number _____
5	CT Corporate System Name 330 N Brand Blvd, Suite 700; Attn: SPRS Number Street as representative Glendale, CA 91203 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>4</u> Last 4 digits of account number _____
6	CT Corporate System Name 330 N Brand Blvd, Suite 700; Attn: SPRS Number Street as representative Glendale, CA 91203 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>17</u> Last 4 digits of account number _____

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed Additional Page

7	Department of Industrial Relations Labor Commissioner's Office	On which line in Part 1 did you enter the creditor? 16
	Name	Last 4 digits of account number _____
	770 East Shaw Avenue, Suite 222	
	Number Street	
	Fresno, CA 93710	
	City State ZIP Code	
8	Department of Industrial Relations Labor Commissioner's Office	On which line in Part 1 did you enter the creditor? 19
	Name	Last 4 digits of account number _____
	770 East Shaw Avenue, Suite 222	
	Number Street	
	Fresno, CA 93710	
	City State ZIP Code	
9	Freedom Mortgage	On which line in Part 1 did you enter the creditor? 6
	Name	Last 4 digits of account number _____
	PO Box 7230	
	Number Street	
	Pasadena, CA 91109-7230	
	City State ZIP Code	
10	Freedom Mortgage Corp	On which line in Part 1 did you enter the creditor? 6
	Name	Last 4 digits of account number _____
	6800 Southpoint Parkway	
	Number Street	
	Jacksonville, IN 46037	
	City State ZIP Code	
11	Joe Lieberman	On which line in Part 1 did you enter the creditor? 20
	Name	Last 4 digits of account number _____
	PO Box 356	
	Number Street	
	Cedarhurst, NY 11516	
	City State ZIP Code	
12	Lien Solutions	On which line in Part 1 did you enter the creditor? 4
	Name	Last 4 digits of account number _____
	PO Box 29071	
	Number Street	
	Glendale, CA 91209-9071	
	City State ZIP Code	

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed Additional Page

13	<u>National Funding, Inc.</u> Name <u>9820 Town Centre Drive, Suite 200</u> Number Street <u>San Diego, CA 92121</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>3</u> Last 4 digits of account number ____ ____ ____ ____
14	<u>New Chance Capital</u> Name <u>128 32nd Street</u> Number Street <u>Brooklyn, NY 11232</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>18</u> Last 4 digits of account number ____ ____ ____ ____
15	<u>Richard J. Pagnotta</u> Name <u>6913 New Utrecht Avenue</u> Number Street <u>Marshall, City of New York</u> <u>Brooklyn, NY 11228</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>20</u> Last 4 digits of account number ____ ____ ____ ____
16	<u>Sandra Kuhn McCormack</u> Name <u>5330 Office Center Ct, Suite C</u> Number Street <u>Attorney At Law</u> <u>Bakersfield, CA 93309</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>1</u> Last 4 digits of account number ____ ____ ____ ____
17	<u>Unisearch, Inc - WA Office</u> Name <u>1780 Barnes Blvd SW</u> Number Street <u>Tumwater, WA 98512-0410</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>21</u> Last 4 digits of account number ____ ____ ____ ____
18	<u>Unisearch, Inc - WA Office</u> Name <u>1780 Barnes Blvd SW</u> Number Street <u>Kristy Bertsch</u> <u>Tumwater, WA 98512-0410</u> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>22</u> Last 4 digits of account number ____ ____ ____ ____

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$2,619,769.38

Fill in this information to identify your case:

Debtor 1 Bhupinder Singh
First Name Middle Name Last Name

Debtor 2 Navneet Kaur
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims.

If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Franchise Tax Board

Priority Creditor's Name

Bankruptcy Section MS A-340

PO Box 2952

Number Street

Sacramento, CA 95812-2952

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Total claim	Priority amount	Nonpriority amount
unknown	\$0.00	unknown

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**

First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

		Total claim	Priority amount	Nonpriority amount	
2.2	Indra Gurung Priority Creditor's Name 411 Amherst Dr, Apartment B Number Street Harrisburg, PA 17109 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Judgment. Case No: 20CECL06064	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions	\$19,601.83	unknown	\$19,601.83
2.3	Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street Philadelphia, PA 19101-7346 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 2017 Taxes.	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$1,818.10	\$0.00	\$1,818.10
2.4	Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street Philadelphia, PA 19101-7346 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 2016 Taxes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$4,762.21	\$0.00	\$4,762.21

Debtor 1 **Bhupinder**
 Debtor 2 **Navneet**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

		Total claim	Priority amount	Nonpriority amount	
2.5	Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street Philadelphia, PA 19101-7346 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 2017 Taxes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$8,311.38	\$0.00	\$8,311.38
2.6	Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street Philadelphia, PA 19101-7346 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 2015 Taxes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$1,950.00	\$0.00	\$1,950.00
2.7	Jitendra Singh Virck Priority Creditor's Name 2600 W Byron Road, Apartment 4 Number Street Tracy, CA 95377 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Judgment. Case No: 20CECL06077	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions	\$15,613.53	unknown	\$15,613.53

Debtor 1 **Bhupinder**
 Debtor 2 **Navneet**
 First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

		Total claim	Priority amount	Nonpriority amount	
2.8	Jose de Jesus Pedroza Priority Creditor's Name 2920 N Pleasant Ave Number Street Fresno, CA 93705-3614 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Judgment. Case No: 20CECL06070.	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions	\$17,398.38	unknown	\$17,398.38
2.9	Monger Deelan Priority Creditor's Name 1470 Alphada Ave Apt K11 Number Street Akron, OH 44310-2787 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Judgment. Case No: 20CECL06059.	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions	\$15,759.50	unknown	\$15,759.50
2.10	Preston Dowdy II Priority Creditor's Name 1142 Bethany Road Number Street Williamson, GA 30292-9668 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Court No: 20CECL01925.	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions	\$12,182.26	unknown	\$12,182.26

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	American Express Nonpriority Creditor's Name PO Box 981537 Number Street El Paso, TX 79998 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$19,073.00
4.2	American First Finance I Nonpriority Creditor's Name PO Box 565848 Number Street Wichita, KS 67205 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$720.00
4.3	AT&T Nonpriority Creditor's Name PO Box 537104 Number Street Atlanta, GA 30353 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6686</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Phone	\$1,286.09

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.4	Barclays Bank Delaware Nonpriority Creditor's Name PO Box 8803 Number Street Wilmington, DE 19899 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> \$2,747.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Barclays Bank v. Singh. Case Number: 19CECL12195 (dismissed). Creditor's attorney is Harris & Zide.
4.5	Barclays Bank Delaware Nonpriority Creditor's Name PO Box 8803 Number Street Wilmington, DE 19899 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> \$6,773.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card - charged off. Case dismissed (19CECL06165)
4.6	Bruce B. Baldwin Nonpriority Creditor's Name Debt Defense Law 6915 Red Road #200 Number Street Miami, FL 33143 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Attorney for FL Case No CACE17021882

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.7	Capital One Auto Finance Nonpriority Creditor's Name CB Disputes Team PO Box 259407 Number Street Plano, TX 75025 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,005.00 Last 4 digits of account number <u>1001</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice
4.8	Capital One Bank Nonpriority Creditor's Name PO Box 31293 Number Street Salt Lake City, UT 84131 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,985.00 Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Case Name: Capital One v Singh. Case No:19CECL10009. Creditor's attorney is Hunt & Henriques.
4.9	CB Indigo Nonpriority Creditor's Name PO Box 4499 Number Street Beaverton, OR 97076 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00 Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.10	Chase Card Services - JPMCB Nonpriority Creditor's Name PO Box 15369 Number Street Wilmington, DE 19850 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9271</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
		\$16,561.00
4.11	City of Fresno Nonpriority Creditor's Name Code Enforcement 2600 Fresno Street, Room 3076 Number Street Fresno, CA 93721 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
		\$1,325.59
4.12	City of Fresno Business Tax Nonpriority Creditor's Name PO Box 45017 Number Street Fresno, CA 93718-5017 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2157</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
		unknown

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.13	<p>City of Fresno Business Tax Nonpriority Creditor's Name PO Box 45017 Number Street Fresno, CA 93718-5017 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7135</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	\$600.00
4.14	<p>Comenity Bank/Pier 1 Nonpriority Creditor's Name PO Box 182789 Number Street Columbus, OH 43218 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice</p>	unknown
4.15	<p>Comenity Capital Bank/Bed Bath & Beyond Nonpriority Creditor's Name PO Box 182120 Number Street Columbus, OH 43218 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>xxxx</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	unknown

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.16	<p>Comenity Capital Bank/William Carter Company Nonpriority Creditor's Name PO Box 182120 Number Street Columbus, OH 43218 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>xxxx</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$29.00
4.17	<p>Commonwealth of Massachusetts Nonpriority Creditor's Name EZDriveMA Payment Processing Center PO Box 847840 Number Street Boston, MA 02284-7840 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9999</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic</p>	\$106.35
4.18	<p>Commonwealth of Massachusetts Nonpriority Creditor's Name EZDriveMA Payment Processing Center PO Box 847840 Number Street Boston, MA 02284-7840 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6637</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic</p>	\$120.05

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19	Commonwealth of Massachusetts Nonpriority Creditor's Name EZDriveMA Payment Processing Center PO Box 847840 Number Street Boston, MA 02284-7840 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3108</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic	\$69.50
4.20	Commonwealth of Massachusetts Nonpriority Creditor's Name EZDriveMA Payment Processing Center PO Box 847840 Number Street Boston, MA 02284-7840 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0808</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic	\$94.70
4.21	Commonwealth of Massachusetts Nonpriority Creditor's Name EZDriveMA Payment Processing Center PO Box 847840 Number Street Boston, MA 02284-7840 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic	\$173.95

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.22	<p>Commonwealth of Massachusetts Nonpriority Creditor's Name EZDriveMA Payment Processing Center PO Box 847840 Number Street Boston, MA 02284-7840 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9089</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic</p>	\$367.70
4.23	<p>Commonwealth of Massachusetts Nonpriority Creditor's Name EZDriveMA Payment Processing Center PO Box 847840 Number Street Boston, MA 02284-7840 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9702</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic</p>	\$9.05
4.24	<p>Credit Collection Service Nonpriority Creditor's Name PO Box 607 Number Street Norwood, MA 02062 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8206</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Kemper Speciality CA</p>	\$126.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.25	Credit First National Association Nonpriority Creditor's Name PO Box 81315 Number Street Cleveland, OH 44181-0315 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card - charged off
4.26	Department of Motor Vehicles Nonpriority Creditor's Name PO Box 825339 Number Street Sacramento, CA 94232-5339 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.27	Department of Taxation and Finance Nonpriority Creditor's Name Miscellaneous Tax Section W A Harriman Campus Number Street Albany, NY 12227-0863 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.28	Direct Loan Servicing Nonpriority Creditor's Name PO Box 5609 Number Street Greenville, TX 75403-5609 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4084</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Student Loans
4.29	Discover Financial Services LLC Nonpriority Creditor's Name PO Box 15316 Number Street Wilmington, DE 19850-5316 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card - charged off
4.30	DSNB/Macys Nonpriority Creditor's Name PO Box 8218 Number Street Monroe, OH 45050 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5621</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.31	Educational Employees Credit Union Nonpriority Creditor's Name 2222 W Shaw Avenue Number Street Fresno, CA 93711 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>95</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ \$577.55
4.32	FEB Destiny Nonpriority Creditor's Name PO Box 4499 Number Street Beaverton, OR 97076 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card \$135.00
4.33	First Premier Bank Nonpriority Creditor's Name 3820 N Louise Avenue Number Street Sioux Falls, SD 57107 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card \$133.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.34	Flat Rate Funding Group LLC Nonpriority Creditor's Name Attn: Brian Bennett 28745 Wick Road, Suite 100 Number Street Romulus, MI 48174 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Flat Rate Funding Group LLC v. N Transport & Bhupinder Singh. Case Number - 19CECG02639. Attorney for Flat Rate is Martensen Wright.	\$28,724.38
4.35	Florida Turnpike Enterprise Nonpriority Creditor's Name PO Box 865509 Number Street Orlando, FL 32886-5509 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2223</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic	\$209.60
4.36	Fresno Tractor Inc Nonpriority Creditor's Name 2730 W Whites Bridge Ave Number Street Fresno, CA 93706-1229 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$10.51

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.37	Gary Burrows Nonpriority Creditor's Name 1600 Enterprise Dr. Number Street Lemoore, CA 93245 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$2,029.69 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
4.38	IPFs Corporation Nonpriority Creditor's Name PO Box 100391 Number Street Pasadena, CA 91189-0391 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$13,583.46 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Case Number - 18CECL12079. Attorney is Robert Pollak
4.39	IPFs Corporation Nonpriority Creditor's Name PO Box 100391 Number Street Pasadena, CA 91189-0391 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7945</u> \$8,692.14 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.40	Kohls/Capital One Nonpriority Creditor's Name PO Box 3115 Number Street Milwaukee, WI 53201-3115 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card - charged off
		\$396.00
4.41	Luis Bravo Nonpriority Creditor's Name California Shine Construction 3251 North Marks Avenue Number Street Fresno, CA 93722 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Case No: 20CECG00045	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify
		\$768,500.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.42	<p>Maryland Transportation Authority Nonpriority Creditor's Name PO Box 17600 Number Street Baltimore, MD 21297-7600 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5025</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic</p> <p>\$36.00</p>
4.43	<p>Midland Credit Management Inc Nonpriority Creditor's Name 320 East Big Beaver, Suite 300 Number Street Troy, MI 48083 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4165</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Citibank. Case Name-Midland v. Singh. Case No: 20CECL03379.</p> <p>\$4,139.00</p>
4.44	<p>Midland Credit Management Inc Nonpriority Creditor's Name 320 East Big Beaver, Suite 300 Number Street Troy, MI 48083 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1663</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Capital One</p> <p>\$6,848.00</p>

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.45	Midland Credit Management, Inc Nonpriority Creditor's Name 350 Camino De La Reina Suite 100 Number Street San Diego, CA 92108 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Synchrony Bank	\$945.00
4.46	Nelson Cruz & Associates LLC Nonpriority Creditor's Name 9535 Forest Lane, Suite 114 Number Street Dallas, TX 75243 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Tempoe LLC	\$2,235.00
4.47	Pennsylvania Turnpike Commission Nonpriority Creditor's Name Violation Processing Center Number Street Harrisburg, PA 17111 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0940</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic	\$79.30

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.48	Pennsylvania Turnpike Commission Nonpriority Creditor's Name Violation Processing Center <hr/> Number Street Harrisburg, PA 17111 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0940</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
		\$55.00
4.49	Pennsylvania Turnpike Commission Nonpriority Creditor's Name Violation Processing Center <hr/> Number Street 300 East Park Drive Number Street Harrisburg, PA 17111 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
		\$190.40
4.50	Portfolio Recovery Nonpriority Creditor's Name 120 Corporate Blvd Suite 100 Number Street Norfolk, VA 23502 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Synchrony Bank. Case Name-Portfolio v Kaur. Case No: 20CECL04955.
		\$6,233.00

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.51	Portfolio Recovery Nonpriority Creditor's Name 120 Corporate Blvd Suite 100 Number Street Norfolk, VA 23502 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Synchrony Bank. Case Name - Portfolio Recovery v Kaur. Case No: 20CECL02907.	\$3,902.00
4.52	PrePass Nonpriority Creditor's Name PO Box 52774 Number Street Phoenix, AZ 85072 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5893</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic	\$501.55
4.53	Professional Account Management, LLC Nonpriority Creditor's Name PO Box 1153 Number Street Milwaukee, WI 53201-1153 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5491</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$1,278.70

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.54	Professional Account Management, LLC Nonpriority Creditor's Name PO Box 3032 Number Street Milwaukee, WI 53201 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4641</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
		\$96.50
4.55	Progressive Leasing Nonpriority Creditor's Name 256 Data Dr. Number Street Draper, UT 84020 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8336</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Used to purchase furniture
		\$1,292.00
4.56	Superior Court of California, Nonpriority Creditor's Name County of Nevada Truckee Branch 10075 Levon Avenue, Suite 107 Number Street Fresno, CA 93722-8758 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4518</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
		\$183.25

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.57	<p>SYNCB/Wal-Mart Nonpriority Creditor's Name PO Box 965024 Number Street Orlando, FL 32896-5024 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$111.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>
4.58	<p>Synchrony Bank Nonpriority Creditor's Name Bankruptcy Department PO Box 965061 Number Street Orlando, FL 32896 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$3,500.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Walmart card</p>
4.59	<p>TD Bank USA/Target Credit Nonpriority Creditor's Name NCD-040 PO Box 1470 Number Street Minneapolis, MN 55440 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$381.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card - charged off</p>

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.60	TD Bank USA/Target Credit Nonpriority Creditor's Name P.O. Box 673 Number Street Minneapolis, MN 55440 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,523.00 Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
4.61	The Bureaus Nonpriority Creditor's Name 650 Dundee Road, Suite 370 Number Street Northbrook, IL 60062 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$573.00 Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Capital One Bank
4.62	Toyota Motor Credit Corp Nonpriority Creditor's Name PO Box 9786 Number Street Cedar Rapids, IA 52409 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.63	Verizon Wireless Nonpriority Creditor's Name PO Box 650051 Number Street Dallas, TX 75265 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,074.00 Last 4 digits of account number <u>xxxx</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify In Collection
4.64	Violations Processing Center Nonpriority Creditor's Name PO Box 15186 Number Street Albany, NY 12212-5186 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.00 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
4.65	Violations Processing Center Nonpriority Creditor's Name PO Box 15186 Number Street Albany, NY 12212-5186 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.66	Violations Processing Center Nonpriority Creditor's Name PO Box 15186 Number Street Albany, NY 12212-5186 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
		\$342.25
4.67	Violations Processing Center Nonpriority Creditor's Name PO Box 15186 Number Street Albany, NY 12212-5186 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
		\$92.00
4.68	Violations Processing Center Nonpriority Creditor's Name PO Box 15186 Number Street Albany, NY 12212-5186 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
		\$63.50

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.69	Violations Processing Center Nonpriority Creditor's Name PO Box 15186 Number Street Albany, NY 12212-5186 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.00 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
4.70	Violations Processing Center Nonpriority Creditor's Name PO Box 15186 Number Street Albany, NY 12212-5186 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic
4.71	Violations Processing Department Nonpriority Creditor's Name PO Box 26925 Number Street San Francisco, CA 94126 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00 Last 4 digits of account number <u>1694</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.72	<p>West Creek Financial Nonpriority Creditor's Name 4951 Lake Brook Drive Number Street Glen Allen, VA 23060 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Lease</p>	unknown
4.73	<p>Wishon Radiological Medical Group, Inc Nonpriority Creditor's Name 3075 E Imperial Hwy, Suite 200 Number Street Brea, CA 92821 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$58.00

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AT&T Mobility

Name

PO Box 6463

Number Street

Carol Stream, IL 60197-6463

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Best Buy Credit Services

Name

PO Box 78009

Number Street

Phoenix, AZ 85062-8009

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 4165**Card Services**

Name

PO Box 6294

Number Street

Carol Stream, IL 60197-6294

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Chase Card Services - JPMCB

Name

301 N Walnut Street, Floor 09

Number Street

Wilmington, DE 19801-3935

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Chase Card Services - JPMCB

Name

PO Box 15298

Number Street

Wilmington, DE 19850-5298

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Citibank, NA

Name

701 East 60th Street North

Number Street

Sioux Falls, SD 57117

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 4165**Credit Collection Service**

Name

725 Canton Street

Number Street

Norwood, MA 02062

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1	Bhupinder	Singh	Case number (if known) _____
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

Credit First National Association Name PO Box 81083 Number Street Cleveland, OH 44181 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Department of Industrial Relations Labor Commissioner's Office Name 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.10</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Department of Industrial Relations Labor Commissioner's Office Name 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.9</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Department of Industrial Relations Labor Commissioner's Office Name 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.2</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Department of Industrial Relations Labor Commissioner's Office Name 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.8</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Department of Industrial Relations Labor Commissioner's Office Name 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.7</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Educational Employees Credit Union Name PO Box 5242 Number Street Fresno, CA 93755-5242 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.31</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1	Bhupinder	Singh	Case number (if known) _____
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

Fedloan Servicing Name PO Box 60610 Number Street Harrisburg, PA 17106 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.28</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
First Premier Bank Name 601 South Minnesota Avenue Number Street Sioux Falls, SD 57104 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.33</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Franklin Collection Service Inc Name 2978 West Jackson Street Number Street Tupelo, MS 38803 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.3</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>2808</u>
Gary Burrows Name PO Box 456 Number Street Lemoore, CA 93245 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.37</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Haddad Law Firm, PLC Name 30600 Telegraph Road, Suite 3150 Number Street Franklin, MI 48025 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.34</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Hunt & Henriques Name Attorneys at Law 151 Bernal Road Suite 8 Number Street San Jose, CA 95119-1306 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.8</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Hunt & Henriques Name Attorneys at Law 151 Bernal Road Suite 8 Number Street San Jose, CA 95119-1306 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.50</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**
 First Name Middle Name Last Name Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

Hunt & Henriques Name Attorneys at Law 151 Bernal Road Suite 8 Number Street San Jose, CA 95119-1306 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.51</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
IPFs Corporation Name PO Box 100391 Number Street Pasadena, CA 91189-0391 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.38</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Jack H. Pogolian Name Midland Credit Management 350 Camino De La Reina, Suite 100 Number Street San Diego, CA 92108 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.43</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Law Office of Harris and Zide Name 1445 Huntington Drive #300 Number Street South Pasadena, CA 91030 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Law Office of Harris and Zide Name 1445 Huntington Drive #300 Number Street South Pasadena, CA 91030 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>6165</u>
Linebarger Goggan Blair & Sampson, LLP Name Attorneys At Law 5850 T.G. Lee Blvd, Suite 310 Number Street Orlando, FL 32822-4409 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Lowe's/Synchrony Bank Name PO Box 530914 Number Street Atlanta, GA 30353-0914 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.51</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>2896</u>

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**
 First Name Middle Name Last Name Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

Macy's Name PO Box 6167 Number Street Sioux Falls, SD 57117-6167 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.30</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Martensen Wright PC Name Leanna L. Henderson One Capitol Mall, Suite 670 Number Street Sacramento, CA 95814 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.34</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>2639</u>
Midland Credit Management, Inc Name PO Box 301030 Number Street Los Angeles, CA 90030-1030 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.43</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Mike Chappars Name Law Office of Mike Chappars 1416 Clovis Avenue, Suite 206 Number Street Clovis, CA 93612 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
PAM-PA Turnpike Name PO Box 1153 Number Street Milwaukee, WI 53201-1153 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.53</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
PAM-PA Turnpike Name PO Box 1153 Number Street Milwaukee, WI 53201-1153 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.54</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Robert L. Pollak Name Glassberg, Pollak & Associates 1000 4th Street, Suite 570 Number Street San Rafael, CA 94901-3118 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.38</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**
 First Name Middle Name Last Name Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

Synchrony Bank Name PO Box 965033 Number Street Orlando, FL 32896-5033 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.50</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>4913</u>
Synchrony Bank Name PO Box 965033 Number Street Orlando, FL 32896-5033 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.51</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
United States Attorney Name (For Internal Revenue Service) 2500 Tulare Street, Suite 4401 Number Street Fresno, CA 93721 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.3</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
United States Attorney Name (For Internal Revenue Service) 2500 Tulare Street, Suite 4401 Number Street Fresno, CA 93721 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.4</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
United States Attorney Name (For Internal Revenue Service) 2500 Tulare Street, Suite 4401 Number Street Fresno, CA 93721 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.5</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
United States Attorney Name (For Internal Revenue Service) 2500 Tulare Street, Suite 4401 Number Street Fresno, CA 93721 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.1</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
United States Department of Justice Name Civil Trial Section Western Region Box 683 Ben Franklin Station Number Street Washington, DC 20044 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.3</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page

United States Department of Justice Name Civil Trial Section Western Region Box 683 Ben Franklin Station Number Street Washington, DC 20044 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.4</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
United States Department of Justice Name Civil Trial Section Western Region Box 683 Ben Franklin Station Number Street Washington, DC 20044 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.5</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
United States Department of Justice Name Civil Trial Section Western Region Box 683 Ben Franklin Station Number Street Washington, DC 20044 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.1</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
Walmart Masters Card/SYNCB Name PO Box 960024 Number Street Orlando, FL 32896-0024 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.50</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>4913</u>
Wishon Radiological Medical Group, Inc Name PO Box 28930 Number Street Fresno, CA 93729 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.73</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	<u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	<u>\$16,841.69</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	<u>\$80,555.50</u>
	6e. Total. Add lines 6a through 6d.	6e.	<u>\$97,397.19</u>

		Total claim	
Total claims from Part 2	6f. Student loans	6f.	<u>\$4,499.70</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	<u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<u>\$926,251.66</u>
	6j. Total. Add lines 6f through 6i.	6j.	<u>\$930,751.36</u>

Fill in this information to identify your case:

Debtor 1	Bhupinder		Singh
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Navneet		Kaur
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern District of California		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name _____ Number Street _____ City State ZIP Code _____	
2.2	Name _____ Number Street _____ City State ZIP Code _____	
2.3	Name _____ Number Street _____ City State ZIP Code _____	
2.4	Name _____ Number Street _____ City State ZIP Code _____	

Fill in this information to identify your case:

Debtor 1	<u>Bhupinder</u>	<u>Singh</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Navneet</u>	<u>Kaur</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of California</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a code debtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?☐ No
☒ Yes. In which community state or territory did you live? California. Fill in the name and current address of that person.Kaur, Navneet

Name of your spouse, former spouse, or legal equivalent

5348 West Brown Ave

Number Street

Fresno, CA 93722

City State ZIP Code

☒ Yes. In which community state or territory did you live? California. Fill in the name and current address of that person.Singh, Bhupinder

Name of your spouse, former spouse, or legal equivalent

5348 West Brown Ave

Number Street

Fresno, CA 93722

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a code debtor if your spouse is filing with you. List the person shown in line 2 again as a code debtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on
- Schedule D*
- (Official Form 106D),
- Schedule E/F*
- (Official Form 106E/F), or
- Schedule G*
- (Official Form 106G). Use
- Schedule D*
- ,
- Schedule E/F*
- , or
- Schedule G*
- to fill out Column 2.

Column 1: Your code debtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

JNB Properties LLC

Name

294 N Fruit Avenue

Number Street

Fresno, CA 93706

City State ZIP Code

2.7, 2.8, 2.9, 2.10,

2.11, 2.12, 2.13,

2.14, 2.15, 2.21,

☒ Schedule D, line 2.22☒ Schedule E/F, line 4.11☐ Schedule G, line _____

3.2

JNB Properties LLC

Name

5348 West Brown Avenue

Number Street

Fresno, CA 93722

City State ZIP Code

2.7, 2.8, 2.9, 2.10,

2.11, 2.12, 2.13,

2.14, 2.15, 2.21,

☒ Schedule D, line 2.22☒ Schedule E/F, line 4.11☐ Schedule G, line _____

Filed 01/15/21

Case 21-10096

Doc 1

3.3	JNB Truck & Trailer Repair Service	<input checked="" type="checkbox"/> Schedule D, line <u>2.1, 2.16</u>
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>2.10, 4.37</u>
	620 N Marks Ave	<input type="checkbox"/> Schedule G, line _____
	Number Street	
Debtor 1	Fresno, CA 93722	Case number (if known) _____
Debtor 2	Navneet Singh	
	First Name Middle Name Last Name	

Additional Page to List More Codebtors

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
3.3	Check all schedules that apply:
N Transport LLC	2.3, 2.4, 2.5, 2.17,
Name	2.18, 2.19, 2.20,
5348 West Brown Avenue	<input checked="" type="checkbox"/> Schedule D, line <u>2.21, 2.22</u>
Number Street	2.2, 4.3, 2.3, 2.4,
Fresno, CA 93722	2.5, 2.6, 4.6, 2.7,
City State ZIP Code	2.8, 2.9, 2.10,
	4.12, 4.13, 4.17,
	4.18, 4.19, 4.20,
	4.21, 4.22, 4.23,
	4.26, 4.27, 4.34,
	4.35, 4.38, 4.39,
	4.42, 4.47, 4.48,
	4.49, 4.52, 4.53,
	4.56, 4.64, 4.65,
	4.66, 4.67, 4.68,
	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.69, 4.70, 4.71</u>
	<input type="checkbox"/> Schedule G, line _____
3.4	
Rathaur & Sons Trucking	<input type="checkbox"/> Schedule D, line _____
Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.36</u>
5348 West Brown Avenue	<input type="checkbox"/> Schedule G, line _____
Number Street	
Fresno, CA 93722	
City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>Bhupinder</u>	<u>Singh</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Navneet</u>	<u>Kaur</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of California</u>	
Case number (if known)	<u></u>	

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.	Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed
Include part time, seasonal, or self-employed work.	<u>Truck Driver</u>	<u>Homemaker</u>
Occupation may include student or homemaker, if it applies.	<u>Self Employed</u>	<u></u>
Employment status	<u>5348 West Brown Avenue</u>	<u></u>
Occupation	<u>Number Street</u>	<u>Number Street</u>
Employer's name	<u>Rathaur & Sons Trucking</u>	<u></u>
Employer's address	<u>Fresno, CA 93722</u>	<u></u>
	City State Zip Code	City State Zip Code
How long employed there?	<u>1 year 3 months</u>	<u></u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	<u>\$0.00</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	<u>\$0.00</u>	<u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	<u>\$0.00</u>	<u>\$0.00</u>

Debtor 1
Debtor 2Bhupinder
NavneetSingh
Kaur

First Name Middle Name Last Name

Case number (if known) _____

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$0.00	\$0.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: <u>Truck Driving (1099 income)</u>	8h. +	\$6,000.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$6,000.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$6,000.00	\$0.00
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. +	\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12.	\$6,000.00	
Combined monthly income			
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1	<u>Bhupinder</u>	<u>Singh</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Navneet</u>	<u>Kaur</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of California</u>	
Case number (if known)	<u></u>	

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

☐ No. Go to line 2.

☒ Yes. **Does Debtor 2 live in a separate household?**

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. **Do you have dependents?**

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2. Do not state the dependents' names.	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Child	14	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
	Child	2	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
	Child	2	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
			<input type="checkbox"/> No. <input type="checkbox"/> Yes.
			<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. **Do your expenses include expenses of people other than yourself and your dependents?**

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

	Your expenses
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4. <u>\$0.00</u>
If not included in line 4:	
4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$0.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**

First Name Middle Name Last Name

Case number (if known) _____

		Your expenses	
5.	Additional mortgage payments for your residence , such as home equity loans	5.	_____ \$0.00
6.	Utilities:		
6a.	Electricity, heat, natural gas	6a.	_____ \$100.00
6b.	Water, sewer, garbage collection	6b.	_____ \$140.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	_____ \$340.00
6d.	Other. Specify: _____ Solar Lease	6d.	_____ \$75.00
7.	Food and housekeeping supplies	7.	_____ \$800.00
8.	Childcare and children's education costs	8.	_____ \$100.00
9.	Clothing, laundry, and dry cleaning	9.	_____ \$550.00
10.	Personal care products and services	10.	_____ \$100.00
11.	Medical and dental expenses	11.	_____ \$175.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	_____ \$100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____ \$0.00
14.	Charitable contributions and religious donations	14.	_____ \$100.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	_____ \$106.00
15b.	Health insurance	15b.	_____ \$90.00
15c.	Vehicle insurance	15c.	_____ \$0.00
15d.	Other insurance. Specify: _____	15d.	_____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____ \$0.00
17.	Installment or lease payments:		
17a.	Car payments for Vehicle 1	17a.	_____ \$295.00
17b.	Car payments for Vehicle 2	17b.	_____ \$0.00
17c.	Other. Specify: _____	17c.	_____ \$0.00
17d.	Other. Specify: _____	17d.	_____ \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19.	_____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a.	Mortgages on other property	20a.	_____ \$0.00
20b.	Real estate taxes	20b.	_____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c.	_____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	_____ \$0.00
20e.	Homeowner's association or condominium dues	20e.	_____ \$0.00

Debtor 1

Debtor 2

Bhupinder

Navneet

First Name

Middle Name

Singh

Kaur

Last Name

Case number (if known) _____

21. Other. Specify: See Additional Page

21. + \$200.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21. \$3,271.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses. \$3,271.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*. \$6,000.00

23b. Copy your monthly expenses from line 22c above. \$3,271.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*. \$2,729.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Debtors are in forbearance right now on the mortgage on their house. Debtors anticipate that this will stop at some point and they will have to restart payments.

Debtor 1
Debtor 2

Bhupinder
Navneet

Singh
Kaur

Case number (if known)

First NameMiddle NameLast Name

21. Other

Pet Expenses	\$100.00
Use of a vehicle	\$100.00

Fill in this information to identify your case:

Debtor 1	<u>Bhupinder</u>	<u>Singh</u>	
	First Name	Middle Name	Last Name
Debtor 2	<u>Navneet</u>	<u>Kaur</u>	
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of California</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No



Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature
(Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Bhupinder Singh

Bhupinder Singh, Debtor 1

X

/s/ Navneet Kaur

Navneet Kaur, Debtor 2

Date 01/15/2021

MM/ DD/ YYYY

Date 01/15/2021

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Bhupinder</u>	<u>Singh</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Navneet</u>	<u>Kaur</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of California</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>PO Box 9552</u> Number Street <u>Fresno, CA 93793-9552</u> City State ZIP Code	From <u>2018</u> Currently, <u>Rathaur & Sons</u> use. To _____	<input checked="" type="checkbox"/> Same as Debtor 1 Number Street City State ZIP Code	<input checked="" type="checkbox"/> Same as Debtor 1 From _____ To _____
Number Street City State ZIP Code	From _____ To _____	<input type="checkbox"/> Same as Debtor 1 Number Street City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, <u>2020</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2019</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, <u>2020</u>) YYYY				
For the calendar year before that: (January 1 to December 31, <u>2019</u>) YYYY				

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**

First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☒ **No.** **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☒ **No.** Go to line 7.

☐ **Yes.** List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

☐ **Yes.** **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ **No.** Go to line 7.

☐ **Yes.** List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ **No**

☐ **Yes.** List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**

First Name Middle Name Last Name

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.



No

☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name			
Number Street			
City State ZIP Code			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.



No

☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title IPFS Corp of CA v. N Transport LLC, a limited liability company and DOES 1 through 50, inclusive Case number 18CECL12079	Collection Superior Court of California Court Name County of Fresno 1130 O Street Number Street Fresno, CA 93721 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title Flat Rate Funding Group LLC v Bhupinder Singh and N Transport LLC Case number 19CECG02639	Collection; Breach of Contract. Superior Court of California Court Name County of Fresno 1130 O Street Number Street Fresno, CA 93721 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title Barclays Bank Delaware v. Navneet Kaur Case number 19CECL06165	Collection; Dismissed. Superior Court of California Court Name County of Fresno 1130 O Street Number Street Fresno, CA 93721 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor 1	Bhupinder	Singh		
Debtor 2	Navneet	Kaur		
	First Name	Middle Name	Last Name	Case number (if known)

	Nature of the case	Court or agency	Status of the case
Case title <u>Commercial Trade, Inc v Bhupinder Singh, dba Truck & Trailer Repair Service</u> Case number <u>19CECL08969</u>	Collection	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title <u>Capital One Bank (USA), NA v Bhupinder Singh</u> Case number <u>19CECL10009</u>	Collection; Request for Dismissal filed 8/2020.	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <u>Bardays Bank Delaware v. Bhupinder Singh</u> Case number <u>19CECL12195</u>	Collection; Request for Dismissal filed 9/2020.	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <u>Newtek Small Business Finance, LLC v N Transport LLC; JNB Properties LLC; Bhupinder Singh; Navneet</u> Case number <u>20CECG03645</u>	Collection; judgment.	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <u>Portfolio Recovery Associates, LLC v Navneet Kaur</u> Case number <u>20CECL02907</u>	Collection	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <u>Midland Credit Management, Inc v Bhupinder Singh</u> Case number <u>20CECL03379</u>	Collection; Request for Dismissal filed 10/2020.	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1	Bhupinder	Singh		
Debtor 2	Navneet	Kaur		
	First Name	Middle Name	Last Name	Case number (if known) _____

	Nature of the case	Court or agency	Status of the case
Case title <u>Portfolio Recovery Associates, LLC v Navneet Kaur</u> Case number <u>20CECL04955</u>	Collection	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <u>People of the State of California v Bhupinder Singh</u> Case number <u>E0433101</u>	Traffic Violation	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title <u>People of the State of California v Bhupinder Singh</u> Case number <u>E0496566</u>	Traffic Violation	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title <u>People of the State of California v Bhupinder Singh</u> Case number <u>KC33057</u>	Traffic Violation	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title <u>Gurmit Singh Gill v Bhupinder Singh, Navneet Kaur, and dba JNB Truck & Trailer Repair Service</u> Case number <u>19CECG04497</u>	Labor Judgment; State Case Number: WC-CM-641101.	<u>State of California</u> Court Name <u>Department of Industrial Relations Labor Commissioner's Office</u> <u>770 East Shaw Avenue, Suite 222</u> Number Street <u>Fresno, CA 93710</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title <u>Luis Brovo dba California Shine Construction v Bhupinder Singh, Navneet Kaur</u> Case number <u>20CECG00045</u>	Collection; Breach of Contract.	<u>Superior Court of California</u> Court Name <u>County of Fresno</u> <u>1130 O Street</u> Number Street <u>Fresno, CA 93721</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	Last Name
Case number (if known) _____			
		Nature of the case	Court or agency
Case title	Preston Dowdy II v Bhupinder Singh, JNB Truck & Trailer Repair Service, N Transport LLC	Labor Judgment; State Case Number: WC-CM-655920.	State of California Court Name Department of Industrial Relations Labor Commissioner's Office 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code
Case number	20CECL01925		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title	Deelan Monger v Bhupinder Singh; N Transport LLC	Labor Judgment; State Case Number: WC-CM-703294.	State of California Court Name Department of Industrial Relations Labor Commissioner's Office 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code
Case number	20CECL06059		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title	Nanda Gomjen v Bhupinder Singh; N Transport LLC	Labor Judgment; State Case Number: WC-CM-703301.	State of California Court Name Department of Industrial Relations Labor Commissioner's Office 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code
Case number	20CECL06062		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title	Indra Gurung v Bhupinder Singh; N Transport LLC	Labor Judgment; State Case Number: WC-CM-703308.	State of California Court Name Department of Industrial Relations Labor Commissioner's Office 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code
Case number	20CECL06064		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title	Jose Pedroza v Bhupinder Singh; N Transport LLC	Labor Judgment; State Case Number: WC-CM-709039.	State of California Court Name Department of Industrial Relations Labor Commissioner's Office 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code
Case number	20CECL06070		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title	Jitendra Singh Virck v Bhupinder Singh; N Transport LLC	Labor Judgment; State Case Number: WC-CM-704359.	State of California Court Name Department of Industrial Relations Labor Commissioner's Office 770 East Shaw Avenue, Suite 222 Number Street Fresno, CA 93710 City State ZIP Code
Case number	20CECL06077		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor 1 Debtor 2	Bhupinder Navneet	Singh Kaur	Case number (if known) _____
	First Name	Middle Name	Last Name

	Nature of the case	Court or agency	Status of the case
Case title Navneet Kaur v Bhupinder Singh	Kaur filed for divorce, but decided not to proceed.	Superior Court of California	<input type="checkbox"/> Pending
Case number 14CEFL04562		Court Name	<input type="checkbox"/> On appeal
		County of Fresno	<input checked="" type="checkbox"/> Concluded
		1130 O Street	
		Number Street	
		Fresno, CA 93721	
		City State ZIP Code	
Case title 1 West Capital LLC v N Transport; Navneet Kaur; Bhupinder Singh	Collection.	Superior Court of Florida	<input checked="" type="checkbox"/> Pending
Case number CACE17021882		Court Name	<input type="checkbox"/> On appeal
		Number Street	<input type="checkbox"/> Concluded
		City State ZIP Code	
Case title Flat Rate Funding Group LLC v N Transport LLC; Bhupinder Singh	Collection	State of Michigan	<input checked="" type="checkbox"/> Pending
Case number 19-001468-CB		Court Name	<input type="checkbox"/> On appeal
		Number Street	<input type="checkbox"/> Concluded
		City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?☒ No☐ Yes. Fill in the details.

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	Last Name

Case number (if known) _____

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number _____ Street _____ City _____ State _____ ZIP Code _____			

Last 4 digits of account number: XXXX- ____ - ____ - ____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☐ No

☒ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Harbans Kaur Person to Whom You Gave the Gift _____ _____ 6528 W Santa Ana Ave Number Street _____ Fresno, CA 93723-3015 City State ZIP Code Person's relationship to you <u>Mother</u>	Plane Ticket	11/2020	\$700.00

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Case number (if known) _____

Part 6: List Certain Losses

☒ No

☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

☐ No

☒ Yes. Fill in the details.

page 10

Debtor 1 **Bhupinder Singh**
 Debtor 2 **Navneet Kaur**
 First Name Middle Name Last Name Case number (if known) _____

Fear Waddell, P.C.

Person Who Was Paid

7650 N. Palm Avenue Suite 101

Number Street

Fresno, CA 93711

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

See FRBP 2016(b) statement

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Person Who Was Paid

Number Street

City State ZIP Code

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

Angrej Singh

Person Who Received Transfer

6528 W Santa Ana Ave

Number Street

Fresno, CA 93723-3015

City State ZIP Code

Person's relationship to you

Father

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

2011 Mercedes GL450 (115k miles) valued at \$10,500.00. Debtor received \$10,500.00 which was used to pay for attorney fees.

1/2021

page 12

Debtor 1	Bhupinder	Singh		
Debtor 2	Navneet	Kaur		
	First Name	Middle Name	Last Name	Case number (if known) _____

		Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution		Name		<input type="checkbox"/> No
Number	Street	Number		<input type="checkbox"/> Yes
		City		
State	ZIP Code			

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
- ☒ Yes. Fill in the details.

		Who else has or had access to it?	Describe the contents	Do you still have it?
Unknown		Name	Trucks and Trailers are located at his Belmont Ave/N Brawley Ave yard.	<input type="checkbox"/> No
Name of Storage Facility		Number		<input checked="" type="checkbox"/> Yes
Belmont Ave/N Brawley Ave	Street	City		
State	ZIP Code			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
- ☒ Yes. Fill in the details.

		Where is the property?	Describe the property	Value
Angrej Singh			2007 Toyota Camry. Debtor's father allows Debtors to use this car that is owned by the father.	
Owner's Name				
Number	Street			
City	State ZIP Code			

Debtor 1 **Bhupinder** **Singh**
 Debtor 2 **Navneet** **Kaur**
 First Name Middle Name Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____			_____ _____
Number Street _____ City State ZIP Code _____			
City State ZIP Code _____			

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____			_____ _____
Number Street _____ City State ZIP Code _____			
City State ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Bhupinder	Singh		
Debtor 2	Navneet	Kaur		
	First Name	Middle Name	Last Name	Case number (if known) _____

Court or agency	Nature of the case	Status of the case
Case title _____ _____ Court Name _____ _____ Number _____ Street _____ _____ Case number _____ City _____ State _____ ZIP Code _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

N Transport LLC
Name

5348 West Brown Avenue
Number Street

Fresno, CA 93722
City State ZIP Code

JNB Truck & Trailer Repair Service
Name

620 N Marks Ave
Number Street

Fresno, CA 93726
City State ZIP Code

JNB Properties LLC
Name

294 N Fruit Avenue
Number Street

Fresno, CA 93706
City State ZIP Code

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Trucking	EIN: <u>3 6 - 4 8 1 2 8 4 7</u>
Name of accountant or bookkeeper	Dates business existed
Paul S. Aulaka	From <u>7/2016</u> To <u>5/2019</u>
Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Repair of Trucks and Trailers	EIN: <u>2 6 - 3 0 1 3 3 9 5</u>
Name of accountant or bookkeeper	Dates business existed
Paul S. Aulaka	From <u>3/2017</u> To <u>6/2019</u>
Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Purchasing and selling properties	EIN: <u>3 5 - 2 6 1 2 5 6 1</u>
Name of accountant or bookkeeper	Dates business existed
Paul S. Aulaka	From <u>11/2017</u> To _____

Debtor 1	Bhupinder	Singh	
Debtor 2	Navneet	Kaur	
	First Name	Middle Name	Last Name
<u>Rathaur & Sons Trucking</u> Name		Describe the nature of the business Trucking	
<u>5348 West Brown Avenue</u> Number Street		Employer Identification number Do not include Social Security number or ITIN. EIN: <u>2</u> <u>6</u> - <u>3</u> <u>0</u> <u>1</u> <u>3</u> <u>3</u> <u>9</u> <u>5</u>	
<u>Fresno, CA 93722</u> City State ZIP Code		Name of accountant or bookkeeper Paul S. Aulaka	
		Dates business existed From <u>10/01/2019</u> To _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No

☒ Yes. Fill in the details below.

Date issued

<u>Paul S. Aulaka</u>	<u> </u>
Name	Last few years
	MM / DD / YYYY
<u>4185 West Figarden Drive, Suite 104</u>	
Number Street	
<u>Fresno, CA 93722</u>	
City State ZIP Code	

Debtor 1
Debtor 2**Bhupinder
Navneet**

First Name

Middle Name

**Singh
Kaur**

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Bhupinder Singh _____
Signature of Bhupinder Singh, Debtor 1

X /s/ Navneet Kaur _____
Signature of Navneet Kaur, Debtor 2

Date 01/15/2021Date 01/15/2021

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030)(12/15)

United States Bankruptcy Court

Eastern District of California

In re

Singh, Bhupinder
Kaur, Navneet

Debtor(s)

Case No. _____
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1.

Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$8,066.00</u>
Prior to the filing of this statement I have received	<u>\$8,066.00</u>
Balance Due	<u>\$0.00</u>
2.

The source of the compensation to be paid to me was:

☐ Debtor

☒ Other (specify) Prior to the bankruptcy filing, Debtor paid a retainer of \$15,000.00 which was deposited into Attorney's attorney-client trust account. Attorney's pre-filing fees and costs amounted to \$8,066.00. Attorney drew down this amount from the retainer prior to the bankruptcy filing, leaving \$6,934.00 in Attorney's attorney-client trust account as of the petition date.
3.

The source of compensation to be paid to me is:

☒ Debtor

☐ Other (specify)
4.

☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.

In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a.

Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b.

Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c.

Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
6.

By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/15/2021*Date*/s/ Peter Fear*Signature of Attorney*

Peter Fear
Fear Waddell, P.C.
7650 N. Palm Avenue Suite 101
Fresno, CA 93711
Phone: (559) 436-6575

Fear Waddell, P.C.*Name of law firm*